

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 29 1941MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 27611
Registrar's No. 203

Registration District No. 1

Primary Registration District No. 1

1. PLACE OF DEATH:

- (a) County Adair
(b) City or town Hicksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: D. Green-Smith Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME CHAS. LESLIE MORRIS

3. (b) If veteran, name war X 3. (c) Social Security No. _____

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced 5 D
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4 July 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 X hr. X min.

9. Birthplace Unionville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

- MOTHER FATHER { 12. Name Chas Leslie Morris
13. Birthplace Schuyler Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Fern Marie Watson
15. Birthplace Appanoose Co Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Chas L Morris
(b) Address Unionville Mo
17. (a) removal (b) Date thereof 7-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pulnam Co, Mo

18. (a) Signature of funeral director H. H. H. H. H.
(b) Address Unionville Mo
19. (a) 7-11-41 (b) Spencer L. Deane
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Pulnam
(c) City or town Unionville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. mo (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1941 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 8-11
_____, 1941 to July 11, 1941;
that I last saw him alive on July 11, 1941;
and that death occurred on the date and hour stated above.

- Immediate cause of death Prematurity Duration 6 days
Due to Prolapse 6 1/2 mo
gestation

- Due to 15A
Other conditions (include pregnancy within 3 months of death) 15A

- Major findings: Of operations none Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. Sanborn (M. D. or other) D
Address Hicksville Date signed 7/11/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 8-41-1590

Date Filed AUG 21 1941

STATEMENT BY LICENSED EMBALMER

Body whose name is recorded on reverse side was not embalmed

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

James W. Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.